Carbon County Recreation Next Step Kayak Class Acknowledgement of Risk and Liability Release

Please understand, all restrictions are meant for the safety of each participant, and not meant to restrict the enjoyment of the activity. All restrictions are in the best interests of the participant.

	Name of Student _				
	Legal Guardian (if under 18)				
	Address (Street, city, zip)				
	Age _	Height	Weight		
	Telephone _	Emergency Telephone			
By 1. 2. 3. 4.	signing this agreement, the particle To treat all equipment with respect To wear all protective equipment Adhere to all safety restrictions as To immediately obey all instructions.	ot and never misuse the equi required by the instructor(s). It is outlined by the instructor (s	pment.	terms:	
By 1. 2. 3. 4. 5. 6.	 Swimming is a potentially dangerous activity. Injury or even death may occur, even though all precautions are taken. Possible dangers include, but are not limited to, slipping and falling while on the pool deck, hitting your head while attempting to roll, running into other kayaks or participants, being hit by other participants and/or equipment, not being able to roll a kayak, not being able to exit a kayak in a timely manner. Equipment may fail. Equipment failure may cause injury. Instructor(s) cannot watch every action of every person. 				
dar fail and	ngers include, but are not limited to ure, participant fatigue, human erro	, failure to follow safety guider in judgment, entanglement ructors and guides. With this	elines, failure to follow inst in gear. Any of these thin understanding, I agree to	igh all precautions are taken, potential ructions, improper use of gear, equipment gs could result in a person being injured all terms and conditions listed herein. I se its validity in a court of law.	
Co act and	unty Recreation, Carbon County en ion at law or equity, arising by reas	nployees and associates, as on or in manner growing out ing appropriate medical insu	well as all sponsors, of all of participation in kayaking rance. I agree to reimburs	elease and agree to hold harmless Carbo I claims, demands, actions, and causes of g. I understand no insurance is provided, e Carbon County for any loss the agency	
this	addition, I certify that I am in good ps class. I accept full responsibility for ticipating in this class, regardless w	or my wellbeing and hold no		that will prohibit my safe participation in ng that may happen to me while	
l ha	ave these medical conditions that m	nay affect my ability to partic	pate safely in this activity	(all medical conditions must be disclosed)	
	Participant			Date	

Legal Guardian _

Date _